

Business Paperless Telefiling System

Worksheet

New Jersey 9-1-1 System and Emergency Response Fee (Form ERF-100 Quarterly Return)

TO FILE BY PHONE

- Step 1 — Fill in the Worksheet.
 Step 2 — Call the New Jersey Division of Taxation's Business Paperless Telefiling System 24 hours a day at **1-877-829-2866**.
 Step 3 — Choose "6" from the menu for the New Jersey 9-1-1 System and Emergency Response Fee Filing System.
 Step 4 — Complete the filing, enter your Confirmation Number on the Worksheet, and keep a copy of the Worksheet for your business records.

IDENTIFICATION

New Jersey Taxpayer Identification Number --/
 Contact Phone Number --
 PIN/Business Name
 Tax Preparer's Identification Number (if applicable)

RETURN PERIOD

Quarter ☐ 1 — JAN, FEB, MAR 2 — APR, MAY, JUNE 3 — JULY, AUG, SEPT 4 — OCT, NOV, DEC Year

RETURN INFORMATION

	(a) Mobile Telephone Nos.	(b) Service Lines
Month 1		
Month 2		
Month 3		
Total	(a)	(b)

1. Total number of mobile telephone numbers and service lines billed during the quarter (Column a plus Column b)

	(c) Exempt Mobile Tel. Nos.	(d) Exempt Service Lines
Month 1		
Month 2		
Month 3		
Total	(c)	(d)

2. Total number of mobile telephone numbers and service lines billed which are exempt from the fee (Column c plus Column d)
 3. Number of mobile telephone numbers and service lines subject to the fee
 4. Fee due (\$.90 per mobile telephone number and service line billed) \$
 5. Penalty and interest \$
 6. Total amount due \$

PAYMENT INFORMATION

To pay by electronic check (e-check) enter:

Bank Routing Number

Account Number

Type of Account

☐ 1 — Checking
☐ 2 — Savings

Payment Debit Date

SIGNATURE AND CONFIRMATION

You will be required to agree with the following declaration and provide a voice signature: "I verify and affirm that all fee information provided during this call is correct. I am aware that if any of the information provided by me is knowingly false, I am subject to punishment."

DO NOT HANG UP! You will be assigned a Confirmation Number. Enter this number and the date in the boxes below.

Return Confirmation Number

Payment Confirmation Number (if payment is made separately)

Date

Date

Signed by:

Signed by: